

JC02 Rec'd PCT/PTC 23 JUN 2005

Telefax
Transmittal
Cover sheet



29160 Intervet Lane
P.O. Box 318
Millsboro, DE 19966-0318
(302) 934-4327
June 23, 2005

RECEIVED
CENTRAL FAX CENTER
JUN 23 2005

2...pages including cover sheet.

PERSON TO:	COMPANY/DEPT TO:	FAX NUMBER:
------------	------------------	-------------

Examiner To be assigned

USPTO

703-872-9306

Group Art Unit: To be assigned

PERSON FROM:	COMPANY/DEPT FROM:	FAX NUMBER:
--------------	--------------------	-------------

Diane Payne on behalf of
William P. Ramey, III

Intervet U.S. Patent
Department.

302-934-4305

USSN: 10/534,945 Customer No.: 31846

Attorney Reference No.: O-2002.723 US

Please accept the documents which follow in the above-identified
application:

COA PTO SB1 122 (1 page)

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

BY:

Date:

6-23-05

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS
ADDRESSED, AND MAY CONTAIN PROPRIETARY INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL,
AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF YOU ARE NOT THE ADDRESSEE, YOU ARE
HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION
IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, NOTIFY US
IMMEDIATELY BY TELEPHONE (COLLECT). THANK YOU.

BEST AVAILABLE COPY

#5

PTO/SB/122 (04-05)

Approved for use through 07/31/2008. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS**
*Application*Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/534,945
Filing Date	May 6, 2005
First Named Inventor	HERMKENS, ET AL.
Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	O-2002.723 US

Please change the Correspondence Address for the above-identified patent application to:

☒ The address associated with
Customer Number:

31846

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- ☒ Attorney or agent of record. Registration Number 44,295
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed
Name

William P. Ramey, III

Date June 23, 2005

Telephone 302-933-4317

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

BEST AVAILABLE COPY